



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	143 Holmare
CBL:	Portland ME 04102
PROPERTY OWNER(S) NAME	
OWNER NAME:	Melissa Linscott 536 P. P. P.
Applicant Name:	Angel L. Ortiz
Mailing Address of Owner/Applicant (if Different)	PO BOX 426 TOPSHAM ME 04086
E Mail:	
Owner/Applicant Statement	
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector(s) to deny a permit.	
Signature of Owner/Applicant	Date: 11-6-15

Town/City **PORTLAND** Permit # 201502718
 Date Permit Issued 11/06/15 Fee: \$ 90 Double Fee Charged
 Local Plumbing Inspector Signature: *[Signature]* L.P.I. # 360

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.

LPI Signature: _____ Date Approved (Final): _____

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING RECEIVED NOV 05 2015 Dept. of Building Inspections City of Portland Maine	Type of Structure to be Served 1. <input checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____ Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: <u>Angel L. Ortiz</u> 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>MS91000916912</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.	<input checked="" type="checkbox"/> Hosebib / Sillcock	<input checked="" type="checkbox"/> Bathtub (and Shower)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Floor Drain <i>ABO</i>	<input checked="" type="checkbox"/> Shower (separate)
	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input checked="" type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input checked="" type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input checked="" type="checkbox"/> Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input checked="" type="checkbox"/> Dish Washer
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
OR		TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE (\$10.00)	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<input type="checkbox"/> Fixture Fee <input type="checkbox"/> Transfer Fee
		<input type="checkbox"/> Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		<u>90</u> PERMIT FEE (TOTAL)